

## EMERGENCY PLANNING NOTIFICATION FEE STATEMENT

Check One: ☐ ORIGINAL ☐ AMENDED

PLEASE TYPE OR PRINT CLEARLY. Please read the attached instructions before completing this form.

1) Owner/Operator Name	2) Facility Name
Owner Street Address and/or P.O. Box	Facility Street Address (NO P.O. Box)
Owner <input type="checkbox"/> City, <input type="checkbox"/> Village or, <input type="checkbox"/> Town of:	Facility <input type="checkbox"/> City, <input type="checkbox"/> Village or, <input type="checkbox"/> Town of:
State ZIP Code	State ZIP Code
Attn:	Attn:
Owner/Operator Federal Employer Identification Number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Facility Located in County of:
Standard Industrial Classification (SIC) Code <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	WEM Facility I.D. No. (new facilities will be assigned a number) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Owner/Operator Contact Name & Phone Number	4) Facility Mailing Address/P.O. Box (if different than #1 and #2)
3) If FARM, check primary activity: <input type="checkbox"/> Crops <input type="checkbox"/> Livestock If TRIBAL LAND, Name of Tribe:	<input type="checkbox"/> City, <input type="checkbox"/> Village or, <input type="checkbox"/> Town of:
5) Mailing address where official correspondence should be <input type="checkbox"/> Owner/Operator <input type="checkbox"/> Mailing Address	State ZIP Code
6) Facility Emergency Coordinator Name & Phone Number	Attn:

7) **EMERGENCY PLANNING NOTIFICATION DETERMINATION: THIS FACILITY IS REQUIRED TO PARTICIPATE IN EMERGENCY PLANNING BECAUSE THIS FACILITY HAS / HAD AN EXTREMELY HAZARDOUS SUBSTANCE PRESENT AT ANY ONE TIME AT OR ABOVE THE DESIGNATED THRESHOLD PLANNING QUANTITY.**

☐ YES \_\_\_\_ | \_\_\_\_ | \_\_\_\_ Provide date an extremely hazardous substance(s) exceeded the threshold planning quantity.

☐ NO This facility has never had an extremely hazardous substance present at or above the threshold planning quantity.

**Amended Fee Statements Only:**

☐ NO \_\_\_\_ | \_\_\_\_ | \_\_\_\_ Provide date an extremely hazardous substance(s) no longer exceeded the threshold planning quantity.

**8) FEE DETERMINATION (answer only if #7 is YES):**

- ☐ This facility is required to participate in planning and pay the EMERGENCY PLANNING NOTIFICATION FEE: **\$800.00**. The operator has 10 or more fulltime equivalent employees in the State of Wisconsin. If the fee is paid more than 60 days after an extremely hazardous substance exceeded the threshold planning quantity, add a 20% late payment surcharge of \$160.00.

**TOTAL FEE REMITTED:** \$

- ☐ This facility is required to participate in planning, but is exempt from paying the fee because the operator of this facility has fewer than 10 fulltime equivalent employees in the State of Wisconsin, this operator has (provide number)  fulltime equivalent employees in the State of Wisconsin.

- ☐ This facility is required to participate in planning and the Emergency Planning Notification Fee has already been paid for this facility.

Date of Payment: \_\_\_\_ | \_\_\_\_ | \_\_\_\_ Check Number:

**9) Extremely Hazardous Substance (EHS) Identification**

		Max. Qty. present at or above threshold planning quantity <i>at</i>
CAS #	EHS CHEMICAL NAME	

**10) CERTIFICATION:** This section must be completed even if this facility does not have an extremely hazardous substance present at or above the threshold planning quantity and is not required to participate in emergency planning.

I, as the owner/operator OR owner/operator's authorized representative, have reviewed this Emergency Planning Notification Fee Statement and certify that the information submitted is true, accurate, and complete.

\_\_\_\_\_  
Printed Name

(       )  
\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Official Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date Signed

**IMPORTANT – PLEASE NOTE**

Return the original, signed Emergency Planning Notification Fee Statement and the Emergency Planning Notification Fee, if applicable, to Wisconsin Emergency Management, Facility Reporting Section, P.O. Box 7978, Madison, WI 53707-7978.

A copy of the Emergency Planning Notification Fee Statement must be sent to the appropriate County LEPC, C/O the County Emergency Management Office.

## INSTRUCTIONS FOR COMPLETING THE EMERGENCY PLANNING NOTIFICATION FEE STATEMENT

Wisconsin Statute 166.20(5)(a)1, requires the owner/operator of a facility which has an Extremely Hazardous Substance (EHS) present at any one time at or above the designated Threshold Planning Quantity (TPQ), to provide emergency planning notification to Wisconsin Emergency Management (WEM) and the appropriate county Local Emergency Planning Committee (LEPC), within sixty days of the EHS being present at or above the TPQ. A one-time \$800.00 Emergency Planning Notification fee is due if the operator of the facility has 10 or more fulltime equivalent (FTE) employees in the State and has not previously paid an emergency planning notification fee for the facility. The extremely hazardous substance list with the designated threshold planning quantities is available from WEM at (608) 242-3221, your county LEPC, or the U.S. EPA Hotline at (800) 535-0202.

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Check **ORIGINAL**, only if this is the first time the facility is submitting an Emergency Planning Notification Fee Statement **OR** check **AMENDED** if the submission is amending an original Emergency Planning Notification Fee Statement previously submitted by the facility.

1. Complete the owner/operator's name and mailing address or, if preprinted, indicate any changes. Indicate your Federal Employer Identification Number (i.e. the Tax I.D. Number or Social Security Number for the Owner/Operator). All facilities have a nine-digit FEIN, even municipalities and other "tax exempt" organizations. Your payroll department will have a copy of your FEIN on the facility's preprinted Federal Tax Deposit Coupon (IRS 8109). Include the facility's four-digit Standard Industrial Classification (SIC) code. Provide the owner/operator contact name and phone number.

2. Complete the facility name and physical location address or indicate any changes. Include the City, Village, or Town in which the facility is located. Indicate the county. Include the facility's WEM facility I.D. number, if available. A new facility will be assigned this number when the submission is received.

Definition of a facility: All buildings, equipment, structures, and other stationary items which are located on a single site or on contiguous or adjacent sites, and which are owned or operated by the same person (or by any person who controls, is controlled by, or under common control with such person) or used for conducting the activities of a public or private agency. It includes man-made structures as well as natural structures in which chemicals are purposefully placed or removed through human means. A public right-of-way does not separate into two facilities, two sites owned or operated by the same person. Public and private agency are defined by Wisconsin Statute 166.20.

3. If the facility is a farm, please check the primary activity. Check only one. If the facility is located on Tribal land, please name the tribe.

4. Complete the facility name and mailing address, if different than the owner/operator's name and mailing address.

5. Check the box for the mailing address where official correspondence from WEM should be sent. Check only one.

6. Provide the name and phone number of the individual who will serve as the facility's emergency coordinator.

7. Check **YES** if the facility is required to participate in emergency planning because the facility has/had an extremely hazardous substance (EHS) present at any one time at or above the designated threshold planning quantity (TPQ).

Provide the date the EHS was present at or above the TPQ. Continue with #8.

Check the first **NO** if this facility is not required to participate in emergency planning because the facility has never had an extremely hazardous substance (EHS) present at any one time at or above the threshold planning quantity. Go to #10.

Check the second **NO** if this facility is amending the facility's planning notification because this facility no longer has an extremely hazardous substance (EHS) present at or above the threshold planning quantity (TPQ). Provide the date the EHS was not longer present at or above the TPQ. Go to #10.

8. Check the **First** box if the facility is required to participate in planning and the operator has 10 or more fulltime equivalent employees (FTE) in Wisconsin. An annual total of 20,000 hours of employee time equals 10 FTE. All persons employed in Wisconsin must be included in this calculation, not just those employed at the facility or working with the chemicals. The Emergency Planning Notification Fee is \$800.00 if paid within 60 days of the extremely hazardous substance (EHS) being present at or above the threshold planning quantity (TPQ). The fee must include a 20% late payment surcharge of \$160.00 if the fee is paid after the 60 days. Enter the **Total Fee Remitted**.

Check the **Second** box if the fee exemption applies. In order to be exempt, the operator of the facility must have less than 20,000 hours of employee time during the year. To determine the number of FTE employees, divide the total number of employee hours by 2,000. Enter the total number of FTE employees in the box.

Check the **Third** box if the facility is required to participate in planning and the Emergency Planning Notification Fee has previously been paid for this facility. Indicate the date of payment and the check number.

9. List the CAS number, EHS chemical name, and the maximum quantity of the EHS that was present at or above the TPQ at the facility **at any one time** in pounds.

10. Complete the certification section. **This section must be completed even if the facility does not have an extremely hazardous substance (EHS) present at or above the threshold planning quantity (TPQ) and is exempt from emergency planning requirements.** Providing a false statement or representation may result in a penalty of not less than \$100 and not more than \$25,000 per day, per violation. Failure to provide information in the manner requested may result in a penalty of not more than \$20,000.

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**END OF INSTRUCTIONS**